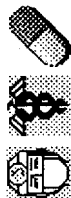


Figure 1

101

ABC PRIMARY CARE CENTER, PSC



"Where every patient is important"

CONFIDENTIAL • SIGN-IN SHEET • PLEASE PRINT & PRESS HARD

117

Sheet No. 12345

Date: _____ Time: _____

Name: _____ Are you a new patient (circle one)? Yes / No

ABC PRIMARY CARE CENTER, PSC

New Patients Welcome!



"Where every patient is important"

Tell a Friend!!

Address & Zip Code: _____

Phone Number: _____ Insurance Carrier: _____

Insurance Policy No.: _____

Has your address changed? _____ Phone changed? _____ Insurance changed? _____

Is your injury work related? _____ Is your injury accident related? _____


Doctor/Provider you wish to see: _____ Reason for Visit? _____

NOTE: After completing Confidential Sign-In sheet give to the HealthCare Coordinator with your insurance card.

Figure 2

110A 116 102 111

ABC PRIMARY CARE CENTER, PSC

 "Where every patient is important"

CONFIDENTIAL • SIGN-IN SHEET • PLEASE PRINT & FILL HARD

112


Date: _____ Time: _____ Sheet No. 12343

136A Name: _____ Are you a new patient (circle one) ☐ Yes / ☐ No

114

ABC PRIMARY CARE CENTER, PSC New Patients

Welcome!

 "Where every patient is important"

Tell a Friend!!

118 Address & Zip Code: _____

138A Phone Number: _____ Insurance Carrier: _____

120 Insurance Policy No.: _____

Has your address changed? _____ Phone changed? _____ Insurance changed? _____

Is your injury work related? _____ Is your injury accident related? _____

110B Doctor/Provider you wish to see: _____ Reason for Visit? _____

124 NOTE: After completing Confidential Sign-In sheet and give to the HealthCare Coordinator with your insurance card.

126 Address & Zip Code: _____

Phone Number: _____ Insurance Carrier: _____

Insurance Policy No.: _____

Has your address changed? _____ Phone changed? _____ Insurance changed? _____

Is your injury work related? _____ Is your injury accident related? _____

130 Doctor/Provider you wish to see: _____ Reason for Visit? _____

136B NOTE: After completing Confidential Sign-In sheet and give to the HealthCare Coordinator with your insurance card.

132 Address & Zip Code: _____

Phone Number: _____ Insurance Carrier: _____

Insurance Policy No.: _____

Has your address changed? _____ Phone changed? _____ Insurance changed? _____

Is your injury work related? _____ Is your injury accident related? _____

138B Doctor/Provider you wish to see: _____ Reason for Visit? _____

NOTE: After completing Confidential Sign-In sheet and give to the HealthCare Coordinator with your insurance card.

116

Figure 3

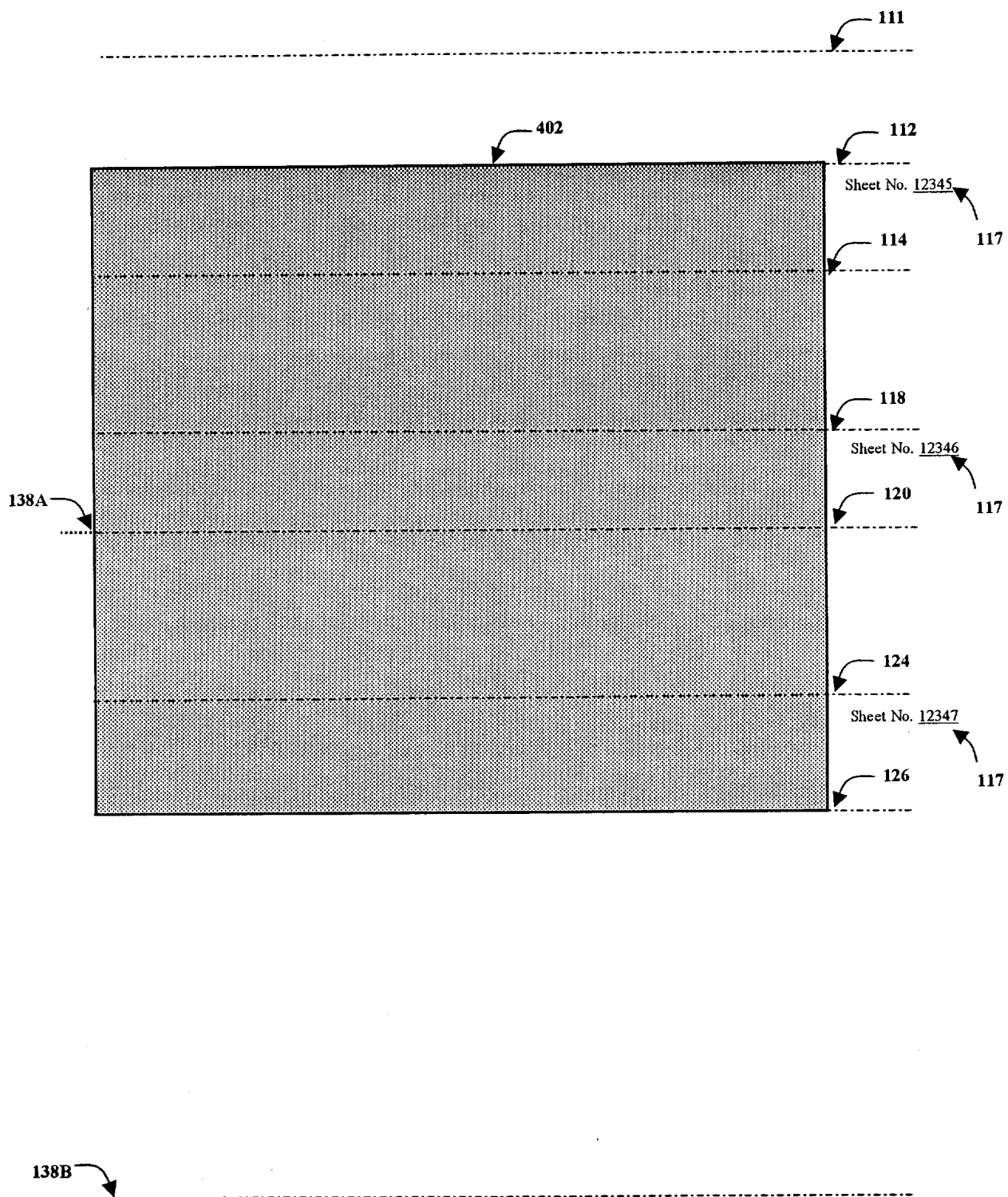


Figure 4

111

502

112

Sheet No. 12345

114

117

Date: _____

Name: _____

Time: _____

Are you a new patient (circle one)? Yes / No

118

Sheet No. 12346

120

117

Date: _____

Name: _____

Time: _____

Are you a new patient (circle one)? Yes / No

124

Sheet No. 12347

126

117

Date: _____

Name: _____

Time: _____

Are you a new patient (circle one)? Yes / No

138B

Figure 5

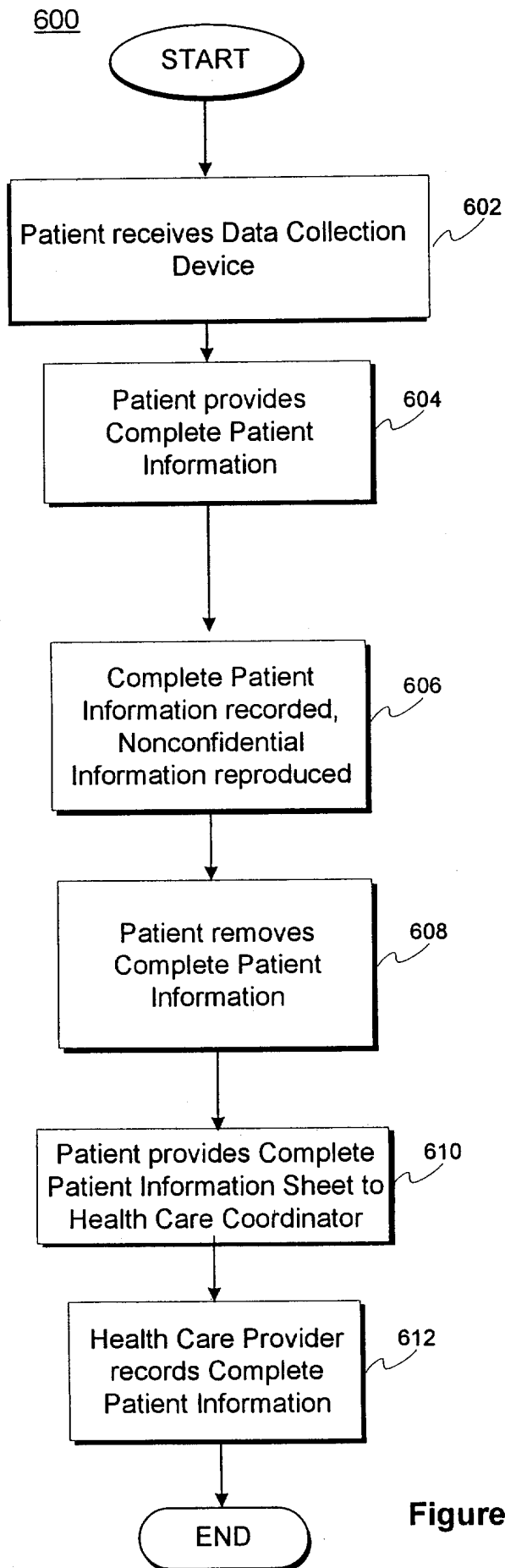


Figure 6

101

102

110A

110A'

112

112'

114

114'

402

706

704

126

ABC PRIMARY CARE CENTER

Date: July 8, 2004

Name: John Q. Public

Address & Zip Code: _____

Phone Number: _____

Insurance? _____

Time: 4:17

Sheet No. 12345

Are you a new patient (circle one) Yes / No?

NOTE: After completing the Confidential Sign in Sheet, Please give to the HealthCare Coordinator

Time: _____

Sheet No. 12346

Are you a new patient (circle one)? Yes/No

ABC PRIMARY CARE CENTER

Address & Zip Code: _____

Phone Number: _____

Insurance? _____

NOTE: After completing the Confidential Sign in Sheet, Please give to the HealthCare Coordinator

Address & Zip Code: _____

Phone Number: _____



Insurance? _____

NOTE: After completing the Confidential Sign in Sheet, Please give to the HealthCare Coordinator

Figure 7

102

110A

			402	112
ABC PRIMARY CARE CENTER			114	118
			810	
Date: _____	Time: _____	Sheet No. 12346	120	
Name : _____ Are you a new patient (circle one)? <u>Yes</u> /No				
ABC PRIMARY CARE CENTER			706	
				
Address & Zip Code: _____				
Phone Number	Insurance? _____		704	
NOTE: After completing the Confidential Sign in Sheet, Please give to the HealthCare Coordinator				
Address & Zip Code: _____				126
Phone Number	Insurance? _____			
NOTE: After completing the Confidential Sign in Sheet, Please give to the HealthCare Coordinator				

814

707

Figure 8

111

502

Date: <u>July 8, 2004</u> Name: <u>John Public</u>	Time: <u>4:17</u> Are you a new patient (circle one)? <u>Yes</u> / No	Sheet No. <u>12345</u> 112 114 117
Date: _____ Name: _____	Time: _____ Are you a new patient (circle one)? <u>Yes</u> / No	Sheet No. <u>12346</u> 118 120 117
Date: _____ Name: _____	Time: _____ Are you a new patient (circle one)? <u>Yes</u> / No	Sheet No. <u>12347</u> 124 126 117

Figure 9